



08/17/05 13:07 FAX 3033403028

KINKOS AURORA CITY PLACE

003

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS

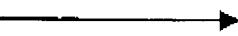
Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	10/780,036
Filing Date	02/17/2004
First Named Inventor	Kimmel, D.
Art Unit	3724
Examiner Name	Goodman, C
Attorney Docket Number	Kimmel2

Please change the Correspondence Address for the above-identified application to:

Customer Number


Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Darryl Kimmel			
Address	4617 Skyline Drive			
Address				
City	Fort Collins	State	CO	ZIP 80526
Country	USA			
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

Applicant/Inventor.

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **Thomas W. Hanson**

Signature 

Date

August 16, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.